

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		02/10/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	68231	3/25/00
FORMALITY REVIEW	J.S.	69134	6-28-2000
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	8/23/02
2	3/4/03
3	3/4/03
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Claim	Date
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If more than 150 claims or 10 actions  
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JUST AVAILABLE COPY